

Department of Public Health
and Human Services

Section:
COVERAGE GROUPS

FAMILY MEDICAID

Subject:
Overview

DRAFT

Supersedes: FMA 200; 01/01/04

► References: 42 CFR 435.110; .112 - .117, .120, .170; ARM 37.82.101, .701; SB 132

GENERAL RULE--Provide Medicaid coverage to:

**FAMILY- RELATED
MEDICAID**



1. Families eligible for non-medically needy family-related coverage (MA-FM) (FMA 201-1);
2. Families whose countable income exceeds the Family Medicaid standard due to new or increased earned income - "Transitional Medicaid" (MA-TR) (FMA 201-10); and
3. Those whose countable income exceeds the benefit standard, but have a medical need, evaluate for Medically Needy (MA-FM) (FMA 201-1 and 700 sections).



4. Families whose countable income exceeds the Family Medicaid benefit standard due to new or increased child/spousal support – "Extended Child/Spousal Medicaid" (MA-EC -- FMA 201-13)

PREGNANT WOMAN

5. Poverty level pregnant woman (MA-PW) (FMA 201-2);
6. Qualified pregnant woman (MA-QP) (FMA 201-3);
7. Continuous eligibility for pregnant women (MA-CP) (FMA 201-4); and
8. Extended post-partum period (MA-EP) (FMA 201-5)

**INFANTS AND
CHILDREN**

9. A newborn child of a woman eligible for and receiving Medicaid on the day the child was born (MA-AN/MA-EP) (FMA 201-5 and/or 201-6);
10. A child, age birth through the month of their 6th birthday, who meets Poverty Level Child eligibility criteria (MA-PC) (FMA 201-7);
11. A child, age 6 through the month of their 19th birthday who meets Poverty Six Child eligibility criteria (MA-PS) (FMA 201-8);

- BREAST &
CERVICAL CANCER
TREATMENT**
- 12. A child age birth through the month of their 19th birthday who meets medically needy Ribicoff Child eligibility criteria. (MA-RK) (FMA 201-9); and
13. Children who are receiving Child Welfare Services via foster care or subsidized adoption who meet Medicaid criteria (FMA 1000 and 1100 sections).
14. Those eligible women screened through the Montana Breast & Cervical Health Program who are subsequently diagnosed with breast and/or cervical cancer or a precancerous condition of the breast or cervix. (MA-BC) (FMA 201-12)

**SEE FOLLOWING PAGES FOR
SUMMARY OF FAMILY-RELATED MEDICAID
ELIGIBILITY REQUIREMENTS**

FAMILY-RELATED MEDICAID COVERAGE GROUPS

PROGRAM	LIVING ARRANGEMENTS	CSED	BIRTH DATE	AGE LIMIT	INCOME LIMIT	RESOURCE LIMIT	MANUAL CITE
► Family Medicaid (FM)	Children must be living with a specified relative – dependent child must be in home for adult to be eligible	Yes	N/A	0 to 19 years	Benefit Standard/MN	\$3000	FMA 201-1
Poverty Pregnant Women (PW)	N/A	No	N/A	N/A	133% of Poverty	\$3000	FMA 201-2
Qualified Pregnant Women (QP)	N/A	Yes	N/A	N/A	Medically Needy	\$3000	FMA 201-3
Automatic Newborn (AN)	Child must continue to live with its mother	No	N/A	birth to 1 year	N/A	\$3000	FMA 201-6
Poverty Child (PC)	Child may be living with parent, specified relative or unrelated person	No	N/A	birth to 6 years	133% of Poverty	\$3000	FMA 201-7
Poverty Six Child (PS)	Child may be living with parent, specified caretaker or independently	No	N/A	6 to 19 years	100% of Poverty	\$3000	FMA 201-8
► Ribicoff Child (RK)	Child <u>cannot</u> be living w/parent or specified caretaker	No	N/A	0 to 19 years	Medically Needy	\$3000	FMA 201-9
Breast & Cervical Cancer Treatment (BC)	N/A	No	N/A	under 65 years	200% FPL	None	FMA 201-12

DRAFT**CONTINUOUS/EXTENDED MEDICAID ELIGIBILITY**

PROGRAM	REASON ELIGIBLE	LENGTH OF COVERAGE	INCOME	RESOURCE LIMIT	MANUAL CITE
Continuous Eligibility for Pregnant Women (CP)	Lost Medicaid due to increased income (if lost MA-FM, check for MA-TR/EC eligibility)	Through end of pregnancy	N/A	\$3000	FMA 201-4
Extended Post Partum (EP)	End of pregnancy	End of month in which 60th day falls	N/A	None	FMA 201-5
► Transitional Medicaid (TR)	Lost MA-FM due to increased earned income; received MA-FM for 3 of 6 previous months	6 months; may be extended to 12 months if remain eligible	1st 6 mos - N/A; 2nd 6 mos -185%	None	FMA 201-10
Extended Child/Spousal Support (EC)	FM closed due to new or increased child/spousal support; received MA-FM for 3 of 6 previous months	4 months	N/A	None	FMA 201-13

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